

Exchange Stakeholder Work Group
January 14, 2013
8:00am - 9:30am
Meeting Minutes

Attendees: Linda Katz, Sadie Decourcy, Tina Spears, Brad Brockman, Bonnie Larson, Susan Yolen, Michael Varadian, Sunaina Menawat, David Keller, Amanda Clarke, Mark Deion, Richard Asinof, Paul Grammal, Chris Kent, Rich Glucksman, Peter Howland, Cathy Ciano, Betsy Loucks, Dawn Wardyga, Craig O'Conner, Deanna Casey

- I. Call to Order
 - a. Amy Black: Active working groups, address specific topics, use stakeholder participation to provide specific feedback, and bring that back to you. Skipping a February meeting for time to gather info and will re-group in March with this new plan. We need information from you, but it helps us to hear topics you, as stakeholders, want to discuss. Please email Amy Black with any ideas for topics for discussion.
- II. Consumer Support - Tricia Leddy, Meg Ivatts
 - a. Tricia Leddy gives presentation on Customer Support
 - b. Dawn Wardyga: Are we ADA compliant? Are we looking at this as a state run operation, community operation or combination of both (the contact center)?
 - i. Tricia Leddy: The contact center will be people mostly on phone/computer, an RFP will be issued to contract with a firm which will become our contact center. That is out right now for public comment until January 17.
 - c. Tricia requested each stakeholder rise, take a post it note that has a color corresponding with each what group each stakeholder believes they represent at this meeting (employer [yellow], employee [orange], Medicaid enrollee/applicant, uninsured/underinsured seeking coverage), and then ask to please place on each flip chart that you feel is the venue the group one represents will rely on most (phone, in person, online).
 - d. Betsy Loucks: Is your question for this behind priority or magnitude, or what as designers?
 - i. Tricia Leddy: It is important for us to design these for every audience; it is useful for us to know if one audience will use one channel more than another. It is also important also to estimate, provide contracts in the community, how much are we going to need, in person assisters, what persons will we need to contract with.

- ii. Meg Ivatts: What we seeing is that the most post-it notes did land on the in-person flip chart, reminding us that the exchange is not just a web portal.
- e. Mark Deion: You cannot think that we will be representative of the general population – I can represent myself as an employer, or myself as an employee, at the end of the day each and every one of these is a critical format. Thinking that there should be a basic concentration on one as opposed to the other is not the case. My viewing of the portal would then determine if perhaps I would need to speak to someone in person.
 - i. Amy Black: The purpose of this, and the change to the format of this work group, this is a critical work group to just take a temperature check on some of the areas of consumer support. We know we need to do this, and so rather than diving into nitty-gritty details, we need to then see where we should focus. Need to have this conversation before we begin testing what the portal looks like, etc. To a certain degree, we represent groups, and with you in front of us.
- f. Mark Deion: Well therefore, I want everything, now when I want where I want it. Everything, now, the way I want it. There will be people who are highly educated in health care that want it now, fast and be done; others will be completely new to this process and need every step available.
- g. Rebecca Kislak: Folks are going to use different pieces – someone may go online to do research, but then need to go in person, or pick up the phone to complete this.
- h. Peter Howland: Will the user be able to log on and keep a record if they log off – can they save their data/research.
 - i. Tricia Leddy: Yes, some may want to do anonymous browsing, which is just for review. We do envision that if a person registers he/she can return back to an unfinished application to continue along, or use another division to aid in completion.
- i. Tina Spears: Has there been any interaction between the scare factor of those on Medicaid, or those who will be taken up under the new laws?
 - i. Tricia Leddy: Yes, working closely with Medicaid.
- j. Peter Howland: Shifting to the web, look over the next ten years the baby boomer population, Medicare, a totally separate system. Perhaps the first flush of enrollees will not look at the web, they will move more to it. This needs to be very robust, and prepare for increased populations rolling into the online work.
- k. Michael Varadian: One of the things that influences a choice of customer venue, we learned in Missouri that the phone has more of an interest pull than the in person, given a bit of anonymity if embarrassed or nervous about the process. In MA, a generally

younger population did lean towards the online enrollment or enrolling in the place of receiving medical care.

- l. Susan Yolen: Cultural competence, I did not see as something that was teased out. Yet I feel culturally there may be groups that do not want to speak about health care, whether it be language barriers, or otherwise.
- m. Peter Howland: To that end, think about surrogate translators in the family, who may be more inclined to use the online options to help select.
 - i. Tricia Leddy: Important to allow that, but not limit the web programs to only be available to English speakers - have web translations and phone lines for each language as well.
- n. Mark Deion: If you run through the actual plan, start out and make a list of all the questions one could have; questions need to be answered with substantive responses – no question should be responded to with “we don’t have that available, or that is not a possibility at this time” if it is needed to review, apply and enroll in plans. Like a food order at a restaurant with dietary changes to the order.
- o. Cathy Ciano: Have you thought about an appeals process at all as well?
 - i. Tricia Leddy: Yes we have taken that up for consideration and are working on that. Any further suggestions to that end are welcome.
- p. Linda Katz: When I go on the BCBSRI website, while it is extremely user friendly, I still would want to pick up the phone to talk to someone who can listen to what I have gleaned from the website, discuss it a bit, and then apply through that person, as a vote of confidence. Also think about something as simple as having sound. Music, or
- q. All of these elements come into play often. We work with three hundred employees with a lot of needs of their own, yet as a business owner we cannot give anything all the time.
- r. Sunaina Menawat: Give everything is important, but the right message at the right time is key. Ensure the consumers have the notifications at each step that we need to deliver to the consumer to continue their experience. Distilling it down is key.
- s. Tina Spears: We can think about consumer experiences through other companies, like our consumer experience with Verizon, but really we have so many areas. In time we will need to fill out our own experiences, and part of that comes from knowing more of the details of the programs and parts offered – not just generalities.
 - i. Amy Black: Absolutely, today we are trying to begin this taking of temperatures, eventually we will go into detail – let us know what you are seeking to discuss.
- t. Mark Deion: The things that we have available, not just everything, right information to the right people at the right time.

- u. Comment on the executive summary of the draft RFP, not commenting on the contact center of its own.
 - v. Craig O'Conner: There was a household survey being done to talk to folks around the state – do you have data from a survey of Rhode Islanders on this?
 - i. Marti Rosenberg: That survey is different – more demographic, who is insured, who is not. We have plans for research into these, but we are not there yet. This type of conversation will help evolve those questions.
- III. Linda Katz, RI Health Coverage Project – Comment on Navigators
 - a. Peter Howland: Does the Navigator program need to be HIPPA compliant?
 - i. Amy Black: There does have to be a conflict of interest doc. We can look more into that.
 - b. Note – Linda Katz is also a member of the RI Health Benefits Exchange Advisory Board.
- IV. Public Comment – No additional comments offered at this time.
- V. Adjourn